

(Vendors name) Drug Aftercare Notification Report		Non-Compliance <input type="checkbox"/> Information <input type="checkbox"/>
Clients Name:		PACTS #:
To:	From:	
US Probation/Pretrial Officer	Counselor	

INTAKE REPORT	
The above named Client was scheduled for drug aftercare intake on: _____	
<input type="checkbox"/> Client reported as instructed & completed intake.	<input type="checkbox"/> Client reported but failed to complete intake: (see comments)
<input type="checkbox"/> Client failed to report for intake as scheduled.	<input type="checkbox"/> Stall <input type="checkbox"/> Walked out <input type="checkbox"/> Low Specific Gravity after 2 hours. <input type="checkbox"/> Refused Services <input type="checkbox"/> No Paperwork <input type="checkbox"/> Refused to sign paperwork

NON-COMPLIANCE REPORT
<u>Positive</u> A lab specimen and/or sweat patch collected on _____ was reported positive for _____
<u>Low Specific Gravity</u> Sample collected has a specific gravity of 1.0 _____.
<u>Presumptive Positive(Not a violation until confirmation returns positive)</u> An onsite specimen collected on _____ was presumptive positive for _____ <input type="checkbox"/> Meth <input type="checkbox"/> THC <input type="checkbox"/> Amphetamine <input type="checkbox"/> PCP <input type="checkbox"/> Opiate/Morphine <input type="checkbox"/> MDMA Sample was sent to Lab for confirmation. <input type="checkbox"/> Breathalyzer Level detected(1st test) _____ Level detected(2nd test) _____ <input type="checkbox"/> Client denied prescribed medication when specimen was collected. <input type="checkbox"/> Client denied drug/alcohol use when specimen was collected.
<u>Failure to Report for Services</u> Client failed to report for specimen collection on _____. This is the ____ failure to appear. Client failed to attend: <input type="checkbox"/> Group <input type="checkbox"/> Individual counseling session on _____.
Comments and Recommendations

Counselor's Signature: _____ Office: _____ Date: _____